

<i>SERFF Tracking Number:</i>	<i>AGNY-125397801</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-28</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>/AIC-07-EO-28</i>		

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Architects & Engineers SERFF Tr Num: AGNY-125397801 State: Arkansas

Professional Liability Program

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: AIC-07-EO-28 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Janine Graham Disposition Date: 12/31/2007

Date Submitted: 12/27/2007 Disposition Status: Approved

Effective Date Requested (New): 01/29/2008 Effective Date (New):

Effective Date Requested (Renewal): 01/29/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: AIC-07-EO-28	Domicile Status Comments: This filing is simultaneously being submitted countrywide.
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 12/31/2007	
State Status Changed: 12/31/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

New Hampshire Insurance Company (the "Company") currently has on file with your Department its Architects and Engineers Professional Liability Program (the "Program"). The Company submits for your review and approval its revised Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage) – Form No. 87126 (12/07) to be used with the Architects and Engineers Professional Liability Policy – Form No. 84002 (2/05).

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Please refer to the attached blackline to see revisions made to the previous version.

Company and Contact

Filing Contact Information

Janine Graham, Filings Analyst	Janine.Graham@AIG.com
175 Water Street	(212) 458-7463 [Phone]
New York, NY 10038	(212) 458-7077[FAX]

Filing Company Information

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	(\$50.00 X 1 Form Filing) X 1 Group = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$50.00	12/27/2007	17255575

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/31/2007	12/31/2007

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<i>Project Name/Number:</i>	<i>/AIC-07-EO-28</i>		

Disposition

Disposition Date: 12/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: Approval basis upon compliance with AID Order 94-253 which requires the minimum limit of \$500,000 or greater and a signed consent order when coverage contains defense within the limits of liability.

(Exemption from AR Code Anno. 23-79-307 (5) (A).)

Rate data does NOT apply to filing.

SERFF Tracking Number: *AGNY-125397801* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-07-EO-28*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Architects & Engineers Professional Liability Program*
Project Name/Number: */AIC-07-EO-28*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Listing	Approved	Yes
Form	Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	Approved	Yes

SERFF Tracking Number: *AGNY-125397801* *State:* *Arkansas*
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TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Architects & Engineers Professional Liability Program*
Project Name/Number: */AIC-07-EO-28*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	87126	12/07	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 87126 (12/04) Previous Filing #: AIC-04-EO-23		87126 (12-07) AE Application.pdf

AIG American International Companies®
NEW HAMPSHIRE INSURANCE COMPANY
70 Pine Street
New York, NY 10270
(212) 770-7000

**APPLICATION FOR ARCHITECTS AND ENGINEERS
PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)**

APPLICANT INSTRUCTIONS:

- a. Please type or print in ink.
- b. Answer all questions: **leave no blank spaces.**
- c. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
- d. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorized Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

The LIMITS OF LIABILITY stated in the Policy are reduced by CLAIM EXPENSES. CLAIM EXPENSES are also applied against your deductible or self insured retention, if applicable to the claim. If you have any questions about coverage, please discuss them with your insurance broker.

SECTION I: INSTANT INDICATION

A. APPLICANT INFORMATION

1. Name of Applicant: _____
(If partnership or corporation, show firm)
2. DBA: _____
3. Address: _____
STREET CITY STATE ZIP CODE
4. Contact Name: _____ Phone: _____ Fax: _____
Email: _____ Website: _____
5. Business Type (Partnership, Corp, etc.): _____ FEIN # _____
6. Proposed Effective Date _____ Expiration Date _____

B. SHORT FORM ELIGIBILITY (ALL QUESTIONS IN SECTION B ARE MANDATORY) – If either Q#1 or #2 is YES, Q#5 Total Incurred is less than \$25,000, Q#6 is NO and all others are YES, you qualify for the Short Form application. Please proceed through Subsection F, recognizing that an entry in a double asterisked ** field will generate a referral to an underwriter. If Q#5 is \$25,000 or more, please complete Subsection K. All others, please complete the entire application.

1. Is a principal in the applicant's firm a licensed architect, engineer or land surveyor? Yes ___ No ___
If yes, please provides State abbreviation(s): _____
2. Is a principal in the applicant's firm an interior designer or landscape architect? Yes ___ No ___
Please provide a brief Description of Operation: _____ (i.e. Architecture, Civil Engineering, Interior Design, Structural Engineering, etc.)
3. Is the applicant's firm in private practice? Yes ___ No ___
4. Did the applicant's firm have billings less than \$1,000,000 in their last fiscal year? Yes ___ No ___
Total Gross Billings: \$_____ (If new business or firm, please provide the estimated Annual gross billings)
5. Please indicate applicant's claim information for the past 10 years:
Total # of Claims: _____ Total Incurred: \$_____
6. After inquiry, is the applicant, any predecessors in business or any other person for whom coverage is requested aware of any act, error or omission or circumstance which may result in a claim being made against them but which has not yet been reported to a professional liability carrier? Yes___ No ___

If yes, please provide a statement giving full details

7. Does the applicant's firm have less than 25 staff members (full & part time)? Yes ___ No ___
8. Does the applicant procure certificates of insurance from their subconsultants for limits of at least \$1MM?

Yes ___ No ___ Consultants not used___ (Answers of "Yes" or "Consultants not used" are required to proceed for a quote)

Please indicate with a checkmark any, or all, risk management tools your firm uses:

Written contracts are used 100% of the time _____

AIA or EJCDC forms are used at least 70% of the time _____

Limitation of Liability clauses are included at least 70% of the time _____

Membership in professional organizations _____

Written in-house quality control procedures _____

Continuing Education program for professional employees _____

Peer Review Program _____
9. Is it true that no member of the applicant's firm (staff or principal) has ever had their Professional Liability policy cancelled or not renewed by an insurance company (except for non payment of premium) Yes ___ No ___
10. Did less than 20% of the applicant's (plus any subsidiaries, parent or other related entities) total billings from the past fiscal year result from actual construction or erection? Yes ___ No ___
11. What year was the applicant's firm established? _____

C. PROFESSIONAL DISCIPLINES / PROJECTS / SERVICES

List all professional activities and services provided and their respective approximate percentage of previous year's gross revenue entered on the Operations page (**TOTAL MUST EQUAL 100%**):

Please describe in detail the professional activities for which coverage is desired, begin with the primary professional activity.

DISCIPLINES (TOTAL MUST EQUAL 100%):

Discipline:	Percent:	Discipline:	Percent:
Acoustical Engineering	_____ %	Interior Design	_____ %
Architecture	_____ %	Laboratory Testing**	_____ %
Asbestos Inspection, Testing or Abatement Design:**	_____ %	Land Surveying	_____ %
Chemical Engineering: **	_____ %	Landscape Architecture	_____ %
Chemical Engineering (Coal, Gas, Oil) **	_____ %	Machine Equipment Design**	_____ %
Civil Engineering (incl. Traffic/Transportation Water/Wastewater)	_____ %	Mechanical Engineering incl. Plumbing Design	_____ %
Communication Engineering	_____ %		
Construction Inspection	_____ %		
Construction/Project Management At Risk **	_____ %	Mining Engineering**	_____ %
Construction/Project Management/Agency **	_____ %	Naval/Marine Engineering**	_____ %
Drafting / Drawing / CAD	_____ %	Planning – Space/Land/Master	_____ %
Electrical Engineering (incl. Illumination/Lighting Design Excl. Utilities/Powerplants & Heavy Industrial)	_____ %	Process Engineering Gas/Oil**	_____ %
Environmental Engineering **	_____ %	Process Engineering**	_____ %
Environmental Real Estate Audits	_____ %	Soil/Geotech Engineering**	_____ %
Environmental Remediation Design/Specifications**	_____ %		
Environmental Risk Assessment and Permitting **	_____ %	Structural Engineering	_____ %
Feasibility Studies Applicant not resulting in construction	_____ %	Value/Quality Engineering	_____ %
Fire Protection Engineering	_____ %		
Forensic Activities / Expert Testimony	_____ %		
HVAC Engineering	_____ %		
Hydrology/Geology	_____ %		

PROJECTS (TOTAL MUST EQUAL 100%):

Project Type:	Percent:	Project Type:	Percent:
Airports	_____ %	Military	_____ %
Amusement Rides**	_____ %	Nuclear Facilities**	_____ %
Apartment	_____ %	Office Buildings	_____ %
Auditoriums / Theaters	_____ %	Parking Structures	_____ %
Bridges	_____ %	Parks / Playgrounds	_____ %
Churches	_____ %	Petrochemical/Refineries**	_____ %
Commercial Buildings excluding Condos or Apartments	_____ %	Pools**	_____ %
Condominiums**	_____ %	Power Plants / Utilities	_____ %
Convention Centers	_____ %	Recreation	_____ %
Custom Residential	_____ %	Restaurants / Food Services	_____ %
Dams**	_____ %	Roads/Highways	_____ %
Environmental Impact Statements	_____ %	Schools/Colleges	_____ %
Foundation or Shoring Projects**	_____ %	Sewer Systems	_____ %
Forensic / Expert	_____ %	Sewage Treatment Plants	_____ %
Golf Courses	_____ %	Shopping Centers/Retail	_____ %
Harbors/Piers/Ports/Marinas**	_____ %	Site Development	_____ %
Hospitals/Healthcare	_____ %	Sports Stadiums	_____ %
Hotels/Motels	_____ %	Superfund/Pollution**	_____ %
Industrial Waste Treatment**	_____ %	Surveying	_____ %
Jails/Justice	_____ %	Tract Homes/Subdivisions	_____ %
Landfills**	_____ %	Traffic Planning	_____ %
Libraries	_____ %	Tunnels**	_____ %
Machinery & Equipment **	_____ %	Warehouses	_____ %
Manufacturing/Industrial Buildings	_____ %	Water systems	_____ %
Mass Transit	_____ %		
Material Handling Systems**	_____ %		

PROJECTS (continued)

Mines** _____ %
Municipal/Community/Public Buildings _____ %

SERVICES (TOTAL MUST EQUAL 100%):

Service:	Percent:
Conceptual Design	_____ %
Construction Observation Without Design:	_____ %
Construction/Project Management:	_____ %
Consulting – Not Resulting in Design	_____ %
Design And Observation:	_____ %
Design Without Observation:	_____ %
Development, Sale or Leasing of Computer Software to Others:**	_____ %
Feasibility Studies/Planning/Reports:	_____ %
Forensic Activities / Expert Testimony	_____ %
Inspection/Certification	_____ %
Inspection of Home/Commercial Property for Prospective Buyers or Lenders:**	_____ %
Inspection Services on Existing Structures**:	_____ %
Manufacture, Sale or Distribution of Any Product or Process:**	_____ %
Perc Testing	_____ %
Plan Checking	_____ %
Subsurface Soil Testing excl. Perc Testing	_____ %
Surveying, Planning, Plotting , Mapping, Flood Plain Studies, Construction Studies, Boundary Surveys, etc.	_____ %

D. POLICY LIMITS

Requested Limit: \$ _____ / \$ _____ Requested Deductible: \$ _____

1. Does the applicant currently have Professional Liability coverage? Yes ___ No ___
 - a. If Yes, does the applicant have Full Prior Acts coverage? Yes ___ No ___
 - b. If No, what is the prior acts date on the applicant's current policy? _____

E. OPERATIONS

1. Does the Applicant or any subsidiary, parent or otherwise related entity engage in actual construction erection?
Yes ___ No ___

2. Does the Applicant or subsidiary, parent or otherwise related entity engage in any manufacturing, fabrication or real estate development? Yes ___ No ___ If **Yes**, please give details: _____

3. Domestic Operations Total Gross Billings Most Recently Completed Fiscal Year:

Joint Venture Projects Applicant's Portion Only:	\$ _____
Projects Insured Under Separate Project Policies:	\$ _____
Projects Which Have Been Permanently Abandoned:	\$ _____
Feasibility Studies, Master Plans, Reports:	\$ _____
Direct Reimbursables:	\$ _____
All Other Billings:	\$ _____

--OR--

Total Gross Billings: \$ _____

For Joint Venture Projects, Projects Insured Under Separate Project Policies and Projects which have been Currently Abandoned please provide the name, location and current status of each project. If the Applicant is engaged in projects located outside the United States, its territories or Canada, please attach a description of such projects including gross billings as described above.

F. Taxes and Fees – Please complete the following if you seek a “non-admitted” quote:

1. Name of Surplus Lines Filer: _____

2. S/L License # _____

3. Address: _____
STREET CITY STATE ZIP CODE

SECTION II: COMPLETE APPLICATION

G. APPLICANT'S PRACTICE

1. During the past five years has the name of the firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes ___ No ___
If **Yes**, please provide full details, including dates. If attachment is necessary please provide:

2. Is the Applicant controlled, owned or associated with or does the Applicant own or control any other firm, corporation or company? Yes ___ No ___ If **Yes**, please provide full details. If attachment is necessary, please provide:

3. Description of Operation: _____

4. Does the Applicant have a membership in a Professional Organization? Yes ___ No ___ If Yes, please list the Professional Associations: _____

5. Number of Total Staff:

Principals, Partners, Officers and Directors: _____

Architects, Engineers, Surveyors, Site Representatives,
Landscape Architects, Draftsmen and other Technical Personnel: _____

Clerical and Accounting Employees: _____

6. States in Which Professional License is held: _____

7. Is Foreign Work greater than 25%? Yes ___ No ___ If Yes, please give full details:

8. Have any of the Principals, Officers or Partners listed ever been subject to disciplinary action by authorities as a result of their professional activities? Yes ___ No ___ If Yes, please give full details: _____

9. Type of Contract Used (Enter percentage amounts):

AIA or EJCDC: _____%

Client Drafted Agreement _____%

Firms Standard Form (attach copy) _____%

Letter Agreement (firm or client drafted): _____%

H. APPLICANT'S PRACTICE 2

1. TYPES OF CLIENTS:

Commercial _____% Federal Government _____% Real Estate Developers _____%

Contractors _____% State Government _____% Individual Owners: _____%

Other Design Professionals _____% Local Government _____% Others _____%

Institutional _____% Industrial _____% If Others, please describe: _____

2. Does the Applicant provide professional services on projects in which any Principal, Officer, Director or Shareholder or an immediate family member of such person retains an ownership interest of greater than 25%? Yes ___ No ___ If **Yes**, please attach a complete description of the project, specifically identify all individuals holding an ownership interest and the amount of ownership each holds.

3. Does the Applicant act in the capacity of an employee or official of any governmental body? Yes ___ No ___

I. RISK MANAGEMENT

1. Does any one contract or client represent more than 50% of annual work? Yes ____ No ____ If Yes, please provide full details: _____
2. In-house continuing education for professionals? Yes ____ No ____
3. Peer review Program? Yes ____ No ____
4. Are all contracts/ agreements / purchase orders reviewed by applicant's legal counsel before they are executed? Yes ____ No ____ If Yes, please explain: _____

J. RISK INFORMATION

1. Gross Billings and Construction Values

	Most Recently Completed Fiscal Year:	Previous Completed Fiscal Year:
Joint Venture Projects:	\$ _____	\$ _____
Projects Insured Under Separate Project Policies:	\$ _____	\$ _____
Projects Which Have Been Permanently Abandoned:	\$ _____	\$ _____
Feasibility Studies, Master Plans, Reports:	\$ _____	\$ _____
Direct Reimbursables:	\$ _____	\$ _____
--OR--		
Total Gross Billings:	\$ _____	\$ _____

2. Design/Build – Construct Values

	Most Recently Completed Fiscal Year:	Previous Completed Fiscal Year:
All Operations:	\$ _____	\$ _____
Design/Construct:	\$ _____	\$ _____
Design Only – No Construction:	\$ _____	\$ _____
Construction Only – No Design	\$ _____	\$ _____

3. Please provide an attachment for the three (3) largest projects within the last five years. Attachment should include the following details: (1) name of project; (2) type of structure; (3) services performed; (4) construction values.

K. CLAIM HISTORY

1. Claims History:

Please provide the total number of claims and the total aggregate amount incurred (indemnity and expense) for all claims over the last five (5) years or the total number of years in operation if this is less than 5 years.

Total Claims: _____ Total Aggregate: _____

2. Please provide the information below for all losses over \$10,000 (indemnity and expense):

Date of Loss: _____

Date Reported: _____

Full Name of Claimant: _____

Description: _____

Current Status: _____

Incurred Amount Including Reserve: \$_____

Defendant's offer to Settle (if Open): \$_____

3. After inquiry, is the Applicant, any predecessors in business, or any other person for whom coverage is requested aware of any act, error, omission or circumstance which may possibly result in a claim being made against them but which has not yet been reported to a professional liability carrier? Yes ___ No ___ If **Yes**, attach a statement giving full details.
4. Has the Applicant, any Predecessor in business or any other person form whom coverage is requested ever reported a potential claim, circumstance to a professional liability carrier? Yes ___ No ___ If **Yes**, attach a statement giving full details.

L. INSURANCE HISTORY

1. Please detail present Architects and Engineers Professional Liability Insurance Coverage:

Insurance Company: _____

Policy Number: _____

Limits: _____

Deductible: _____

2. Please detail Architects and Engineers Professional Liability Coverage for the FIVE YEARS prior to present coverage:

Insurance Company	Policy Number	Limits	Deductible	Policy Period

3. Has the Applicant ever purchased an extended reporting endorsement? Yes ___ No ___
If **Yes**, please provide date purchased and term of endorsement: _____

4. Has any application for Architects and Engineers Professional Liability Insurance made on behalf of the firm, any predecessors in business or present partners ever been declined or has the insurance ever been cancelled or renewal refused? **MISSOURI APPLICANTS NEED NOT REPLY** Yes ___ No ___ If **Yes**, please provide details:

5. Date UNINTERRUPTED insurance began: (mm/dd/yy): _____

6. Is the Applicant currently insured under a Comprehensive General Liability and/or Umbrella Policy?
Yes ___ No ___ If Yes, please provide details below:

Insurance Company	Type of Coverage	Limits BI / PD	Effective From / To

Please attach:

- Copy of the firm's brochure/resumes
- Copy of the firm's latest financial statement, annual report or 10-K

IMPORTANT NOTICE

IN GRANTING COVERAGE TO ANY OF THE INSURED, THE INSURER HAS RELIED UPON THE DECLARATIONS AND STATEMENTS IN THIS APPLICATION FOR COVERAGE. ALL SUCH DECLARATIONS AND STATEMENTS ARE THE BASIS OF COVERAGE AND SHALL BE CONSIDERED INCORPORATED IN AND CONSTITUTING PART OF THE POLICY SHOULD ONE BE ISSUED.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT AND SHOULD A POLICY BE ISSUED, IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, SHOULD A POLICY BE ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

IF AND WHEN A POLICY IS ISSUED, THIS APPLICATION IS ATTACHED TO AND MADE A PART OF THE POLICY, SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL. THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO ILLINOIS APPLICANTS: THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF MATERIAL FACT IN THE POLICY WILL RENDER THIS POLICY, IF ISSUED, VOID AT INCEPTION. THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF A MATERIAL FACT DURING A CLAIM WILL RENDER THIS POLICY, IF ISSUED, CANCELLED.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW WHERE INDICATED. IF THIS POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Applicant hereby acknowledges that he/she/it is aware that the limits of insurance contained in this policy shall be reduced, and may be completely exhausted, by the costs of defense expenses which include but are not limited to attorneys fees and, in such event, the insurer shall not be liable for the costs of defense expenses or for the amount of any judgement or settlement to the extent that such exceeds the limits of insurance of this policy.

This Applicant hereby further acknowledges that he/she/it is aware that defense expenses that are incurred shall be applied against the deductible amount, if any.

Signature of Owner, Partner, Member, Principal, or Officer
Authorized to Sign as Applicant

Applicant's Printed Name: _____
Title: _____
Date: _____
Producer Name: _____
License #: _____

<i>SERFF Tracking Number:</i>	<i>AGNY-125397801</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New Hampshire Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AIC-07-EO-28</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Architects & Engineers Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>/AIC-07-EO-28</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125397801 State: Arkansas
Filing Company: New Hampshire Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-07-EO-28
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Architects & Engineers Professional Liability Program
Project Name/Number: /AIC-07-EO-28

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 12/31/2007
Comments:
Attachment:
12-27-07 AR - PCTD-1 - AE.pdf

Satisfied -Name: Form Listing
Review Status: Approved 12/31/2007
Comments:
Attachment:
Form Listing - A&E.pdf

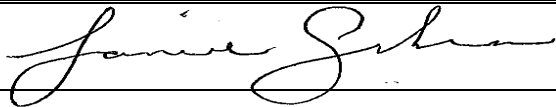
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	American International Group				Group NAIC #	012
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
New Hampshire Insurance Company	PA	23841	02-0172170			

5. Company Tracking Number	AIC-07-EO-28
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Janine Graham 175 Water Street, 17 th Floor New York, New York 10038	Filing Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Janine Graham		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1000 Other Liability – Claims Made Only			
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors & Omissions Liability			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	IArchitect and Engineers Professional Liability Program			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	January 29, 2008	Renewal:	January 29, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	December 27, 2007			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AIC-07-EO-28
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New Hampshire Insurance Company (the “Company”) currently has on file with your Department its Architects and Engineers Professional Liability Program (the “Program”). The Company submits for your review and approval its revised Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage) – Form No. 87126 (12/07) to be used with the Architects and Engineers Professional Liability Policy – Form No. 84002 (2/05).

Please refer to the attached blackline to see revisions made to the previous version.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: N/A
Amount: \$50.00

Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AIC-07-EO-28		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Application For Architects and Engineers Professional Liability Policy (Claims Made Coverage)	87126 (12/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

Form Listing

Form Title		Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	Application for Architects and Engineers Professional Liability Policy (Claims Made Coverage)	87126 (12/07)	A	R	87126 (12/04)	M	C	No	Application for A&E Program

A = Application
 D = Declarations
 E = Endorsement
 P = Policy
 O = Other (Please explain)

Yes or No